

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>04/08/04</u>		2 Serial/Patent # <u>10/682,217</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		<u>02/20/04</u>	\$ <u>130</u>
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ <u>130</u>
			8 TO BE REFUNDED BY:	
10 REASON:				
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0   1   --   1   1   2   5 </div>	
<u>Postcard receipt proves Fig 1 was present on initial filing. Notice mailed in error. Refund pet fee</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>			TITLE: <u>Pet Attorney</u>	
SIGNATURE: <u>E. Shirene Willis</u>			PHONE: <u>308-6712</u>	
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Alicia Kelly</u>			DATE: <u>4-21-04</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B